

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593105

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22	1					
23		1				
24		2				
25		2				
26		2				
27	1					
28	1					
29	1					
30		1				
31		1				
32	1					
33		1				
34		2				
35	1					
36	1					
37	1					
38		1				
39		2				
40		2				
41		2				
42			1			
43				1		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54						
55						
56			1			
57						
58						
59						
60						
61						
62						
63						
64						
65						
66			1			
67				1		
68			1			
69						
70						
71						
72			1			
73						
74			1			
75						
76						
77						
78						
79						
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81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			35			